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## \*BIBDATASHEET\*

CONFIRMATION NO. 5761

Bib Data Sheet

SERIAL NUMBER 09/761,981	FILING DATE 01/17/2001  RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. 15916-282
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/652,099 08/30/2000 PAT 6,579,288 *1-5-05*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/06/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 13	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance	Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>PV</i>	

ADDRESS

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TITLE

Fluid cooled apparatus for supporting diagnostic and therapeutic elements in contact with tissue

FILING FEE  RECEIVED 1132	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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